

SITE # _____

Date: _____

RESIDENT QUESTIONNAIRE

1a. Have you done any home improvements to your home?

Yes No

Where

When (Mo/Yr)

☐
☐

Flooring _____

☐
☐

Wall Coverings _____

☐
☐

1b. Have there been any mishaps involving broken thermometers or fluorescent lights?

Yes No

Where

When (Mo/Yr)

☐
☐

2a. When you clean your home or use a cleaning service, what products do you typically use?

2b. Have you recently cleaned your furniture or drapes?

Yes No

☐
☐

Commercially cleaned?

Yes No

Company

When (Mo/Yr)

☐
☐

3. Has an insect eradicator been applied to your home?

Yes No

Commercial

Self

Product

☐
☐
☐
☐

4. Have you taken anything to the dry cleaners recently?

Yes No

What and When

☐
☐

5. Does any household member have hobbies such as:

Yes No

Frequency (Daily, Weekly, Monthly)

☐
☐

Woodworking

☐
☐

Auto Repair

☐
☐

Model Building

☐
☐

Crafts

☐
☐

Other

6. Any other potential environmental influences identified by resident?